



Community Recovery Services (CRS) Individual Service Plan Packets

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CRS Service Plan Packets

Include a cover letter containing:

- ❖ Name of the county/tribe.
- ❖ Case manager's contact information.
- ❖ Participant's name.
- ❖ Participant's date of birth.
- ❖ CRS service(s) being requested.
- ❖ Requested start date.



Independent Assessment

- ❖ Must be complete, signed and dated.
- ❖ Must provide evidence of consultation with the participant.
- ❖ Must provide an examination of the participant's relevant history.
- ❖ Must support the needs, strengths and preferences of the participant.

Independent Assessment, cont.

- ❖ Must show a need for at least one CRS service.
- ❖ Must be conducted within the last 12 months, or as needed in the event of a significant change in participant's circumstances.
- ❖ Requires a face to face interview with the participant.

Person Centered Planning

- ❖ Participant's information is gathered using a person centered process.
- ❖ It is a requirement that case managers be trained in person-centered planning.

Individual Service Plan (ISP)

- ❖ Must include the participant's current living arrangement (e.g., Community Based Residential Facility, Adult Family Home, Residential Care Apartment Complexes), facility name, and the number of beds for which it is licensed.
- ❖ Must reflect the participant's preferences.
- ❖ Must include input from others that the participant chooses.
- ❖ Must document all services – CRS funded, other MA funded services (e.g., Comprehensive Community Services, Community Support Program, Community Options Program), and natural supports.



Individual Service Plan, cont.

- ❖ Separate room and board cost from CLSS service cost.
- ❖ Must not replace natural supports with paid services.
- ❖ Must not require natural supports.
- ❖ Must provide information about service providers.
- ❖ The participant (or legal representative) and case manager must sign the completed ISP.
- ❖ A copy must be provided to the participant and/or their legal representative.

Client Rights and the Grievance Procedure

- ❖ CRS follows the mental health services procedure.
- ❖ Brochure can be found at:
www.dhs.wisconsin.gov/publications/P2/p20195a.pdf
- ❖ Participant must be provided with a copy of the brochure.
- ❖ Include your county's grievance procedure and contact information.

(ISP) Individual Outcomes Section

- ❖ Document the participant's desired goals and interventions.
- ❖ Goals must be reasonable and achievable.
- ❖ Must identify the interventions to be provided by the CRS service provider(s).
- ❖ Must include all services being provided.



Crisis Plan

- ❖ Must be in a narrative format.
- ❖ Must reflect the participant's preferences.
- ❖ Must address the participant's safety.
- ❖ Must address how and by whom intense supervision will be provided.
- ❖ Must identify which supports will be provided to maintain the participant in the least restrictive living environment in the community.



Functional Screen: Mental Health/Alcohol And Other Addictions or Children's Long Term Services

- ❖ Must be dated within 90 days prior to the requested effective date.
- ❖ Must use MH/AODA or CLTS (Children's) functional screen.
- ❖ Functional eligibility must be calculated on the screen completion date.
- ❖ The screen must reflect CRS eligibility.
- ❖ The assessment, the ISP outcomes, and the functional screen must all be consistent and support each other.
- ❖ Include a full copy of the functional screen in the packet.



Documenting Financial Eligibility

- ❖ The member information screen in the Forward Health portal provides proof of Medicaid (financial) eligibility for CRS.
- ❖ CRS-eligible MedStat codes can be found on the CRS website and are updated annually, with previous years MedStats also available. Please see:
http://www.dhs.wisconsin.gov/MH_BCMH/docs/crs/eligibilityguidesfy13.pdf
- ❖ Packet should include a print screen of the participant's Medicaid eligibility from the Provider Portal at:
www.ForwardHealth.wi.gov/wiportal



Non-Financial Eligibility

Room and Board

❖ Packet must include Form F-20920 “Calculation of Room and Board in Substitute Care Facility”. (example provided).

<http://www.dhs.wisconsin.gov/forms1/f2/f20920.xls>

❖ Packet must include a CBRF, AFH or RCAC rate calculation document reflecting expenses for a substitute care facility which clearly separates the cost of services from the cost of room and board (example provided).

❖ CRS does not reimburse room and board or related costs.



Medical Assistance Provider Agreement and Terms of Participation

- ❖ County/tribe executes a Medical Assistance provider agreement with each CRS provider and maintains a signed and dated copy.
- ❖ The provider agreement must be renewed annually.
- ❖ Provider entities use form F-00312.
<http://www.dhs.wisconsin.gov/forms/f0/f00312.doc>
- ❖ Individual or non-specified providers use form F-00312A.
<http://www.dhs.wisconsin.gov/forms/f0/f00312A.doc>

Annual Recertification Process

- ❖ Must be completed on/or before the effective date of the last certification.
- ❖ The recertification document dates must flow in the following order: Functional Screen, Independent Assessment, and Individual Service Plan.
- ❖ Must include a face to face interview with the participant.

Annual Recertification Process, cont.

- ❖ Recertification packet must contain the same forms as the initial packet.
- ❖ The packet needs to reflect recovery progress and/or new strengths and needs and how they will be met.
- ❖ The Assessment, Service Plan, Outcomes, Crisis Plan and Functional Screen must all support each other.
- ❖ Further information is available at:
http://www.dhs.wisconsin.gov/MH_BCMH/crs/recertifier.htm



CRS Incident Reporting Requirements

CMS requires the State to identify, address, and seek to prevent incidents involving:

- ❖ Abuse.
- ❖ Neglect.
- ❖ Exploitation.
- ❖ The use of restraints.

CRS Incident Reporting (Cont...)

Wisconsin meets this requirement through:

- ❖ The ISP addresses health and safety needs.
- ❖ Providers must complete and submit incident reports to the county/tribe.
- ❖ County/tribe reviews and takes steps to protect the safety of the participant.
- ❖ County/tribe immediately notifies Division of Quality Assurance and the CRS Coordinator.

CRS Incident Reporting (Cont...)

- ❖ CLSS providers must provide reminders for medications to participants if applicable. **NOTE: If the participant requests their medications independently, this must be noted in the assessment and the ISP.**
- ❖ CLSS providers must also monitor the participant's signs and symptoms and side-effects related to their medications.
- ❖ The provider's progress notes must reflect reminders for medications and the monitoring of signs and symptoms and side effects.

Additional Information

Please visit:

http://www.dhs.wisconsin.gov/MH_BCMH/crs/consumer.htm

This link will take you to the **CRS Individual Services Plan Packet Guidance Home Page**. Here you will find:

- ❖ ISP Packet Checklist.
- ❖ Cover Letter.
- ❖ ISP and Outcomes (sample).
- ❖ CRS Service Definitions.
- ❖ Independent Assessment.
- ❖ Crisis Plan.

Additional Questions?

Please feel free to call or email us with any questions at:

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